Healing Touch

Hob Osterlund RN, MS, CHTP

Introduction

Healing Touch (HT) is a collective of techniques involving the use of hands to increase the recipient's sense of well-being. Practitioners trained in HT techniques use their hands to consciously direct an energy exchange with the patient, often for the purpose of pain and anxiety reduction. This treatment modality as well as its precursor, Therapeutic Touch (TT), have experienced increasing popularity with patients over the last decade. HT and TT are noninvasive procedures for which there is no medical counterpart and are compassionate options to offer to appropriate patients. Modalities that are congruent with the current trend in holistic health care, they are useful forms of communication between patient and health care practitioner while requiring only minimal financial and resource utilization.

Theory/Assumptions

Pharmaceutical and invasive pain techniques are based on a Newtonian model of medicine. This model sees the body as an intricate mechanism which is controlled by the brain and the peripheral nervous system, functioning like a complex machine. Interventions are geared toward the removal or repression of pain by chemical or surgical alteration of the workings of that machine.

Energy-based techniques such as Healing Touch and Therapeutic Touch are based on the paradigm of Albert Einstein, which sees human beings as networks of complex energy fields. These energy fields are constantly interacting with the physical body. They are both more subtle as well as more easily influenced than the human body. HT and TT are specialized forms of treatment geared toward affecting the energy system that may be imbalanced due to disease states. Practitioners work to restore balance by assisting the energy system of another individual to normalize, thus helping to regulate cellular physiology and to provide relaxation as well as pain relief.

Both HT and TT are practices based in modern nursing practice and research, and are meant to be integrated with allopathic medical care rather than used in isolation from it.

Correspondence to:
Hob Osterlund RN, MS, CHTP,
Clinical Coordinator, Pain Management Services
The Queen's Medical Center
1301 Punchbowl St.
Honolulu, Hawaii 96813
808-547-4726 hosterlund@queens.org

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There is a growing body of literature currently available on Healing Touch. According to Healing Touch International in Colorado*, there are approximately 60 studies approved, in process or completed nationally, including a multi-site Air Force study on lingering post-op pain; the impact of HT on pain and joint motility after total knee replacements; the impact of HT on depression; HT and oxygenation/cardiovascular variables in critically ill patients; HT's effect on recovery levels in PACU after abdominal hysterectomy; the impact of HT on post-Cesarean-section wound infection; the effect of HT on salivary immunoglobuninA; and two studies at The Queen's Medical Center in Honolulu on post-operative mastectomy pain and on pain in employees with back injuries. In an unpublished satisfaction survey of 198 inpatients at The Queen's Medical Center, patients rated their average reduction in pain 2.8 on a 0-10 scale after a 20-minute treatment. The average increase in relaxation was 1.8 on a 1-4 scale. Of these patients, 94.9% rated themselves very satisfied (83.3%) or satisfied (11.6%) with their last HT treatment. Queen's reports that more than 3000 treatments were done in 1998 with routine reports of pain reduction.

Therapeutic Touch, which is one of the specific techniques used in HT, has been studied relative to hemoglobin levels (Krieger, 1972), enzymatic activity (Smith, 1972), wound healing (Wirth, 1972), pain and anxiety (Kenosian, 1995), (Samarel, 1998). In addition, an article on the effect of distant healing (Sicher, 1998) on patients with AIDS reported significantly fewer doctor visits, lower illness severity and fewer days of hospitalization in the double-blinded treatment group. The following is a review of the literature on the use of TT to reduce anxiety and pain.

Anxiety

Heidt's 1981 study of anxiety levels in 90 hospitalized adult cardiovascular patients compared patients receiving TT, casual touch and no touch (Heidt, 1981). The group receiving TT experienced a significant reduction in post-state anxiety compared with those who had received intervention by causal touch or no touch. Quinn (1982) partially replicated Heidt's study by examining the effects of TT performed by nurses trained in TT and a simulation of TT performed by nurses who had no knowledge of TT. Among the 60 hospitalized cardiovascular patients in this study the group that received TT again showed a significant decrease in anxiety (Quinn, 1982).

Parkes studied the effect of TT in 60 hospitalized elderly patients. One group received non-contact TT, one another form of mimic TT and one no touch (Parkes, 1985). There was no difference in the pre- and post-state anxiety scores in any group. Olson, et al. studied the effects of TT on stress among 23 individuals who experienced posttraumatic stress following Hurricane Hugo (Olson, 1992). Using physiologic measures and two visual analogue scales to rate psychological stress the researchers found that subjects receiving

TT showed a decrease in mean anxiety scores after TT.

Gagne and Toye studied 31 inpatients in a Veteran's Administration psychiatric facility (Gagne, 1994). One group received TT, one received relaxation therapy and one group a mimic TT. While both the relaxation therapy and TT group reported a significant reduction of anxiety by self-report and by an observer's rating of pre- and post-motor activity, the reduction in self-reported anxiety was greater in the TT group.

Samarel and colleagues (1998) studied 31 women scheduled for mastectomies. One group received TT touch and dialogue; the other dialogue and quiet time. The TT experimental group showed a lower preoperative pattern manifestation of state anxiety than dialogue and quiet time.

Pain

Meehan studied pain in 108 post-operative adults who received either TT, mimic TT or standard treatment of IM narcotic injection (Meehan, 1993). Pain was measured using a visual analogue scale and a Pain Intensity Descriptor form. There was no significant difference in the posttest pain scores for the TT and the mimic TT group. Scores of the group who received narcotic were significantly lower: the mean posttest score of the narcotic group was 36.63, the TT group mean was 52.74, and the mimic TT group mean was 61.72.

Keller and Bzdek studied the effect of TT on tension headaches among 60 adults known to suffer from tension headaches (Keller, 1986). One group received TT and one a placebo TT. Five minutes after the intervention 70% of the TT group had a significant reduction in pain score while only 37% of the placebo group demonstrated a reduction. Four hours later a significant difference continued. Fifty percent of the placebo group required further intervention to relieve pain; only 17% of the TT group required further intervention.

As noted, the studies reported are investigations of Therapeutic Touch. Therapeutic Touch is a specific technique developed by Dolores Kreiger, RN, PhD and Dora Kunz over 20 years ago. Many people are building upon Kreiger's foundational work, including Janet Quinn of the University of Colorado Health Sciences Center, who conducted the first federally funded project on TT and Daniel Wirth of Healing Sciences Research International. Their programs have demonstrated growth, evolution in thinking and recent publication in scholarly journals (Wilson, 1995).

**For a detailed Healing Touch research summary, contact Healing Touch International at 12477 West Cedar, Lakewood, CO. 80228. Send $3.00 for current summary. 303-989-0581 phone, 303-985-9702 fax, e-mail ccheal@aol.com. Web page http://www.healingtouch.net.*

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